

*Michigan Department
of Community Health*



**Jennifer M. Granholm, Governor
Janet Olszewski, Director**

REQUEST FOR PROPOSAL

for

SCHOOL-BASED/SCHOOL-LINKED DENTAL SEALANT ACTIVITIES

Issued by:

Michigan Department of Community Health
Oral Health Program
109 West Michigan Avenue, Fourth Floor
Lansing, Michigan 48913
Phone: (517-335-8388)
Fax: (517-335-8294)

**Notification of Intent to Apply Due: November 17, 2006
Proposals Due: December 1, 2006**

Copies Required: Signed Original plus 6 copies

Instructions for Completing the School-Based/School-Linked Dental Sealant Grant Application

The Abbreviated School-Based/School-Linked Dental Sealant Grant Application was created specifically for public and non-profit eligible organizations for increasing capacity, developing, implementing or coordinating pilot school-based/school-linked dental sealant programs with requests under \$8,000 or less. **Applicants may submit only one Abbreviated Application and requests must not exceed \$8,000.** Applicants should demonstrate partnerships or experience in partnering with schools.

All terms, conditions and limitations specified in the abbreviated grant application will be reviewed and scored according to relevant review criteria described in Selection Criteria on page five.

INSTRUCTIONS:

Applicants should review all included materials and selection criteria.

Letter of Intent is due November 17, 2006. Letters should be sent to the address below.

Applications should be typed or clearly printed. **Completed applications, including one original and six (6) copies, are due no later than 5:00 p.m., December 1, 2006 to:**

Michigan Department of Community Health
Oral Health Program
Attn: Sheila Semler, Ph.D.
109 West Michigan Avenue, Fourth Floor
Lansing, Michigan 48913
Phone: (517-335-8388)
Fax: (517-335-8294)

Applicants are responsible for the timely receipt of their proposal. **PROPOSALS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE CONSIDERED. E-MAIL OR FAX RESPONSES WILL NOT BE ACCEPTED.**

BACKGROUND AND PURPOSE

The Michigan Department of Community Health (MDCH) Oral Health Program is offering grants to increase capacity, develop, implement or coordinate pilot school-based/school-linked dental sealant programs. Through the CDC Chronic Disease Prevention and Health Promotion Grant, \$49,728.00 is available for a 9 month period to begin January 1, 2007. Funding for this grant project is through cooperative agreement U58/CCU522826 between the Michigan Department of Community Health and the Centers for Disease Control and Prevention and Title V Maternal Block Funds.

The grants will be available to increase capacity or develop and implement pilot school-based/school-linked dental sealant programs so that a greater number of Medicaid beneficiaries and underinsured children receive preventive dental sealants. Funding received under this RFP

cannot be used for the purchase of dental services, dental sealant equipment, enhance dental reimbursement rates or pay for dental materials (including dental sealant materials) as specified in the CDC Cooperative Grant #U58/CCU522826. The grant does provide funding for the infrastructure development, base-line data collection of meat pit and fissure caries severity in targeted population, tracking and complete cost analysis for a school-based/school-linked dental sealant program.

The School-Based/School-Linked Sealant Program is designed to help meet the indicators of federal requirements:

1. Title V MCH Block Grant “Percent of third grade children who have receive a dental sealant on one permanent molar”
2. HP 2010 Objective 21.8 “Increase the proportion of children who have received dental sealants on their molar teeth to 50%”
3. CDC Cooperative Grant Agreement “Develop, coordinate and implement limited school-based or school-linked dental sealant programs”

Dental sealant programs that are school-based provide dental sealants to children in a school setting. School-linked programs involve public or non-profit dental clinics serving children directed to their clinics by a school program. Programs should demonstrate the infrastructure necessary for coordination and management of school-based or school-linked dental sealant programs and show collaborative working relationships and formal agreements (e.g., Memorandum of Agreement between a community-based dental clinic and a school). The program should focus on developing infrastructure to implement and sustain a dental sealant placement program on the molar teeth of second or third grade children and sixth grade children. Oral health education should be a part of the program, but not the priority of the program.

PRE-PROPOSAL CONFERENCE

A pre-proposal conference will not be held. Questions may be submitted by e-mail at semlers@michigan.gov or by fax at 517/335-8294 until 5 PM November 22, 2006. Please put “RFP Question or Request” in the subject line. Responses to all questions and requests will be sent via e-mail or fax to all parties who have submitted letters of intent. No individual responses will be provided.

SPECIFICATIONS

All proposals must address or comply with the following specifications:

- Projects must report quarterly on their effectiveness. Timely reporting and indicators of success in increasing dental sealant placement for the target population is a goal of these grants.
- Projects must focus on health status implications of the target population.
- Projects must improve access to dental sealants for the target population.
- Projects must reflect the needs of and demonstrate linkages with the schools.
- Projects must support the Department’s goal of increased access to care.
- Projects must be conducted within the State of Michigan.
- Projects must address all requirements of the specifications.

AWARDS

Awards are contingent on the availability of funds. Award amounts will range between \$2,000 - \$8,000. Funding received under this program cannot be used for the purchase of dental services, dental sealant equipment, or materials. Funds may cover administration of projects and project development but may not enhance the existing reimbursement fee schedule for dental sealant placement or pay for the application of dental sealants. The proposal period is the date of award through a 9 month project period. The number of grants to be awarded will be determined by the number of proposals received and the amount of funds requested. Project costs must be appropriate to the work outlined in the proposal. Grant awards will be distributed as much as possible so those projects will be conducted in dental underserved areas and varied geographic areas.

Any funds received by the Contractor but not spent for the specific purposes of the project must be returned to MDCH. In submitting the application, the applicant assures that funds will only be used for the intended project purpose. The Department will not assume any responsibility or liability for costs incurred by the Contractor prior the signing of an agreement. Funds will be set aside for an independent analysis, contracted at the discretion of the Department, to evaluate the relative merits of all projects funded.

CONTRACTOR RESPONSIBILITIES

The Contractor will be required to assume responsibility for all contractual activities offered in the proposal whether or not that Contractor performs them. If any part of the work is to be subcontracted, responses to the RFP must include a list of subcontractors including the firm name and address, the name of the contact person, a complete description of the work to be subcontracted, and information concerning the subcontractor's organization and abilities. The state will consider the selected Contractor to be the sole point of contact with regard to project matters, including payment of any and all charges resulting from the award.

REIMBURSEMENT MECHANISM

All contractors must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site: <http://www.cpexpress.state.mi.us/>

DISCLOSURE OF PROPOSAL CONTENTS

All information in an applicant's proposal is subject to disclosure under the provisions of Public Act No. 442 of 1976, known as the "Freedom of Information Act." This act also provides for the disclosure of contracts and attachments thereto.

ISSUING OFFICE

This RFP is issued by the Oral Health Program, Michigan Department of Community Health, hereafter known as the Department. The issuing office is the sole point of contact for

persons/organizations who are considering preparing responses to the RFP. The award will be made to the bidder who most successfully meets the criteria of the RFP, up to the total amount of funds available within the funding level stipulated.

DIRECTIONS FOR COMPLETING THE GRANT APPLICATION:

I. Cover Sheet

A. Project Title: Enter name of project

B. Amount of Request:

C. Name of Applicant Organization: Enter in the name of the applicant organization. Enter the name and title of the person officially authorized by the applicant organization to enter into agreements, (usually chief administrative officer). Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.

D. Contact Person: Enter the name and title of the contact person who will be responsible for overseeing the project. Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.

E. Legal Status of Organization: (*check only one response*) – check the box that applies. Attach copy of requested IRS materials.

F. Federal Tax ID Number – Enter Federal Tax ID number (may also be known as Federal Employer Number) as assigned by IRS.

G. Authorizing Entity – An official authorized to bind the applicant organization to its provisions must sign the original proposal in ink. Print name and enter date of signature.

II. Proposal

A. Needs Statement -- Include the requested information.

B. Program Description/Work Plan – Attach the program description/workplan. State project goal in space provided. List objectives, activities and outcomes and the quarter in which the objectives will be accomplished in the appropriate columns.

C. Community Involvement, Collaboration, Coordination- Include the requested information. Letters of support should be attached.

D. Innovative Methods of Increasing School-Based/School-Linked Services—Include the requested information.

E. Experience and Qualifications—Include the requested information.

F. Project Sustainability – Include the requested information.

G. Outcome Measures and Evaluation – Include the requested information.

H. Budget Narrative – Include the requested information.

I. Budget Summary and Program Budget Cost Detail Schedule-- Using the Budget Completion instructions included in the RFP (see Attachment A), please complete both budget forms (see Attachment B1): DCH-0385 (Budget Summary) and DCH-0386 (Program Budget Cost Detail Schedule). Budget forms should reflect the proposed cost of the project period. Attach the forms to the application.

J. Overall Quality of the Proposal-- Include the requested information.

II. Narrative Guidelines

A. Font: Please use an easily readable serif typeface, such as Times Roman, Courier, or CG Times. The text portion of the application must be submitted in not less than 12 point and 1.0 line spacing. For charts, graphs, footnotes and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

B. Paper Size and Margins: The application must be printed on 8 ½" X 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

C. Page Numbering: Please number all pages, beginning with the title page as page 1.

D. Page Limit: Page limit is 10 pages; the Title Page, Cover Sheet, Work Plan, Program Budget, and Letters of Support are not included in the page limit.

School-Based/School-Linked Dental Sealant Grant Application

Applications due: November 17, 2006

Cover Page:

A. Project Title: _____

B. Amount of Request: _____ **(not to exceed \$8,000)**

C. Name of Applicant Organization: _____

Authorized Official: _____

Title: _____

Mailing Address: _____

City: _____ County: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail Address: _____

D.. Contact Person: _____

Title: _____

Mailing Address: _____

City: _____ County: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail Address: _____

E. Legal Status of Organization (*check only one response*)

☐ Private, Non-Profit Entity (attach copy of IRS's 501 (C) (3) or other legal documentation verifying status

☐ Public Agency/Unit of a governmental

F. Federal Tax ID Number: _____

G. Authorizing Entity: I hereby affirm my authority and responsibility for the use of all equipment and/or educational training described in this application.

Authorized Individual (*signature*)

Printed Name

Date

II. Selection Criteria: Applications for grants will be reviewed by a committee established by the MDCH. The proposals will be evaluated in terms of clarity, detail, overall understanding of the concepts addressed, and understanding of the Department's objectives for increasing the number of beneficiaries receiving oral health services. Applications will be scored on the following criteria:

- A. Needs Statement** (20 points)– The needs statement is a concise, descriptive statement identifying the need(s) to be addressed by the project. Applicants will want to explain how the project will impact the number of second or third and sixth grade children in schools located in (a) Urban areas, and in which more than 50 percent of the student population of that school or school entity is participating in Federal or State free and reduced meal programs; or (b) rural school districts having a median income that is at or below 235 percent of the poverty line. Existing school-based/school-linked programs should explain how increasing the capacity of the current dental sealant program will serve additional children. Specifically, they should explain why the request is being made; what need the request will impact; and why the need is not being met with current resources. Evidence that the priority populations have been identified or statement as to how the priority populations will be identified must be included. Need for the project should be supported by local and/or state data.
- B. Program Description/Workplan** (15 points)- Applicants must complete the *Workplan* worksheet that follows, stating the project's goals, objectives, activities, and outcomes. The project goal(s) should be a broad statement of purpose. Project objectives should be time-limited and measurable. Project activities should indicate who will carry them out, as well as the timeframe in which they will occur.
- C. Community Involvement, Collaboration, Coordination** (10 points) – Proposals that demonstrate a collaborative community effort through significant involvement of agencies such as local health departments, local DHS offices, schools, community health centers and other agencies will receive higher scores. Coordination among involved agencies will also be evaluated. Letters to support collaboration efforts must be attached.
- D. Innovative Methods of Increasing School-Based/School-Linked Services** (20 points) – Describe the innovative nature of the project. Describe the target population and how the proposal specifically addresses the placement of dental sealants in the target population. Describe if children will receive dental sealants in a school setting or through school-linked activities. Demonstrate linkages to comprehensive dental care. Programs must focus on molar sealant placement for second or third grade *and* sixth grade children in schools located in (a) Urban areas, and in which more than 50 percent of the student population of that school or school entity is participating in Federal or State free and reduced meal programs; or (b) rural school districts having a median income that is at or below 235 percent of the poverty line, as defined in section 673(2) of the Community Services Block Grant Act [42 U.S.C. 9902(2)].
- E. Organization and Capacity** (10 points)-- The organization should demonstrate partnerships or experience in partnering with schools. The experience in delivering school-based or

school linked dental sealants programs or other dental services will be reviewed. Special consideration will be given to projects that demonstrate current continuing education in dental sealant placement for staff involved in direct placement of sealants.

- F. Project Sustainability** (15 points)— The proposal must demonstrate the capacity to sustain services beyond the nine-month term of the contract. Applicants should also describe how pertinent training issues would be addressed, including updates and training of new employees once funding has ceased.
- G. Outcome Measures and Evaluation** (15 points): List the project's outcomes on *the Workplan* worksheet that follows. Describe what major outcomes are expected as a result of the project. How will outcomes be monitored and reported? How will the data be collected and how often? Outcomes should quantify the proposed expected change that the project intends to accomplish (*for example: Documentation of baseline mean pit and fissure caries severity in targeted permanent molars among children three years older than target population; cost analysis of preventive treatment vs. the cost of restorative treatment*). The relative number of second or third and sixth grade children in schools located in (a) Urban areas, and in which more than 50 percent of the student population of that school or school entity is participating in Federal or State free and reduced meal programs; or (b) rural school districts having a median income that is at or below 235 percent of the poverty line served by the proposed activities will be evaluated in terms
- Number of sealants placed on molars
 - Retention
 - Participation of the target population
 - Efficiency and effectiveness of the project
 - Cost-analysis of the program
- H. Budget Narrative and Summary** (15 points) -- **Identify the amount of funds requested and any cost sharing** among partners. Be sure to include all revenues necessary to support the proposed projects. (Descriptions should correspond with information submitted on the DCH 0385 form). **Identify the project's fiduciary. Complete and attach the DCH 0385 and DCH 0386.** Funding received under this program cannot be used for the purchase of dental services, dental sealant equipment, or materials.
- I. Overall Quality of the Proposal** (10 points)-- Proposals must demonstrate effective, efficient and ongoing community-based approaches leading to an increase in the number of dental sealants placed on the molar teeth of second or third grade and sixth grade children in schools located in (a) Urban areas, and in which more than 50 percent of the student population of that school or school entity is participating in Federal or State free and reduced meal programs; or (b) rural school districts having a median income that is at or below 235 percent of the poverty line.

WORK PLAN – State the overall goal of the project, and list objectives, activities, outcomes and the quarter in which the objectives are expected to be completed in the appropriate column.

Project Goal: _____			
Objectives	Performance Measure	Time Frame	Person Responsible

ATTACHMENT A – Budget Completion Instructions

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

I. INTRODUCTION

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- I. Expenditure Category Column – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salaries and Wages
 2. Fringe Benefits
 3. Travel
 4. Supplies and Materials
 5. Contractual (Subcontracts/Subrecipients)
 6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Cost
 10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
 13. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
 14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

15. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The "K" Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (see **Attachment B.2**) for reference. Use additional pages if needed.

- A. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salaries and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- I. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- J. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- K. Salaries and Wages Total - Enter a total in the Position Required column and the Total Salaries and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salaries and Wages expenditure category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total Salaries and Wages amounts.
- L. Fringe Benefits – Check applicable fringe benefits for staff working in this program. This category includes the employer=s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the salaries and wage amount.)
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salaries and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount by subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate

contractors when compliance with federal grant requirements is delegated (passed-through) to

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

the subrecipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

- P. Equipment - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided under line 6. Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

3. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
 4. Other - All other items purchased exclusively for the operation of the program and not previously included, patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Cost Calculations - **Enter the allowable indirect costs for the budget.** Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect cost rate. **Detail on how the indirect cost was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. Total Expenditures – Enter the sum of items 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use **WHOLE DOLLARS** Only

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT ►			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			

(I) EXPENDITURE CATEGORY				(K) TOTAL BUDGET (Use Whole Dollars)
1.SALARIES & WAGES	43,000			43,000
2.FRINGE BENEFITS	11,180			11,180
3.TRAVEL	1,400			1,400
4.SUPPLIES & MATERIALS	37,000			37,000
5.CONTRACTUAL (Subcontracts/Subrecipients)	3,500			3,500
6.EQUIPMENT	5,000			5,000
7.OTHER EXPENSES				
	8,000			8,000
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)	109,080			109,080
9. INDIRECT COSTS: Rate #1 %				
INDIRECT COSTS: Rate #2 %				
10. TOTAL EXPENDITURES	109,080			109,080

(J) SOURCE OF FUNDS

11. FEES & COLLECTIONS	10,000			10,000
12. STATE AGREEMENT	90,000			90,000
13. LOCAL	9,080			9,080
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	109,080			109,080

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding

The Department of Community Health is an equal opportunity employer, services and programs provider.

PROGRAM BUDGET – COST DETAIL SCHEDULE (A) Page 2 Of 2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS ONLY**

(B) PROGRAM		(C) BUDGET PERIOD		DATE PREPARED
Budget and Contracts		From: 10/01/xx	To: 9/30/xx	7/01/xx
(E) CONTRACTOR NAME Michigan Agency		(F) BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
(K) 1. TOTAL SALARIES & WAGES:		1.5	\$ 43,000	
(L) 2. FRINGE BENEFITS (Specify)				
<input checked="" type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS. COMPOSITE RATE <input checked="" type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input checked="" type="checkbox"/> WORK COMP AMOUNT 26% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				
2. TOTAL FRINGE BENEFITS:				\$ 11,180
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
Conference registration \$350				
Airfare \$600				
Hotel accommodations and per diem for 4 days \$400				
3. TOTAL TRAVEL:				\$ 1,400
(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
Office Supplies 2,000				
Medical supplies 35,000				
4. TOTAL SUPPLIES & MATERIALS:				\$ 37,000
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
Subcontractor Name		Address	Amount	
ACME Evaluation Services		555 Walnut, Lansing, MI 48933	\$ 2,000	
Subrecipient Name				
Health Care Partners		333 Kalamazoo, Lansing, MI 48933	\$ 1,500	
5. TOTAL CONTRACTUAL:				\$ 3,500
(P) 6. EQUIPMENT (Specify items)				
Microscope \$5,000				
6. TOTAL EQUIPMENT:				\$ 5,000
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
Communication Costs \$2,400				
Space Costs \$3,600				
Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing \$2,000				
7. TOTAL OTHER:				\$ 8,000
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 109,080
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 109,080
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity		
COMPLETION: Is Voluntary, but is required as a condition of funding		employer, services and programs provider.		
DCH-0385 (E) (Rev 5-06) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

PROGRAM BUDGET SUMMARY

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS Only**

PROGRAM			DATE PREPARED		Page	Of
CONTRACTOR NAME			BUDGET PERIOD			
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT		AMENDMENT #	
CITY			STATE	ZIP CODE	FEDERAL ID NUMBER	
EXPENDITURE CATEGORY						TOTAL BUDGET (Use Whole Dollars)
1. SALARIES & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
9. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)			\$0	\$0	\$0	\$0
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES			\$0	\$0	\$0	\$0

SOURCE OF FUNDS

11. FEES & COLLECTIONS				
12. STATE AGREEMENT				
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL FUNDING	\$0	\$0	\$0	\$0
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
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DCH-0385(E) (Rev 5-06) (W) Previous Edition Obsolete.

DRAFT – NOT TO BE DISTRIBUTED MDCH Oral Health Program Grants for School-Based/School-Linked Dental Sealant Programs

PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger
Use WHOLE DOLLARS Only

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
			\$0	
			\$0	
			\$0	
			\$0	
1. TOTAL SALARIES & WAGES:			0	\$ 0
2. FRINGE BENEFITS (Specify)				
<input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS. COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP. AMOUNT 0.00% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				
2. TOTAL FRINGE BENEFITS:				\$0
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:				\$0
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:				\$0
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
Name	Address	Amount		
5. TOTAL CONTRACTUAL				\$0
6. EQUIPMENT (Specify items)				
6. TOTAL EQUIPMENT:				\$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
7. TOTAL OTHER:				\$0
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 0
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
9. TOTAL INDIRECT EXPENDITURES:				\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding				
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